

Sign Permit Application

Any applicant wishing to erect signage for a special event must complete the following form. A deposit according to the following scale shall be submitted at the time a permit is issued. The fee is refundable only upon submittal of an affidavit that all signs associated with the event have been removed. Such affidavit must be submitted within seven (7) days of the conclusion of the event, or the deposit shall be forfeited. It is the responsibility of the applicant to contact the City of Stonecrest for the appropriate affidavit and have it signed and dated within the allotted seven days to receive the refund.

Zoning Schedule of Fees

| PERMIT TYPE | PERMIT SUBTYPE | FEE |
|-----------------------------------|-----------------------|----------|
| Banner Permit | | \$25.00 |
| Wall Sign | Under 50 square feet | \$50.00 |
| | 50 to 100 square feet | \$75.00 |
| | Over 100 square feet | \$100.00 |
| Ground Sign | Under 50 square feet | \$100.00 |
| | 50 to 100 square feet | \$150.00 |
| | Over 100 square feet | \$200.00 |
| Directional Sign/Wayfinding Signs | General | \$100.00 |
| Special Event Sign | Per sign | \$100.00 |
| All Other Sign Permits | | \$100.00 |



| Sign Permit Application | | | | | | |
|-------------------------|------|---------------|--|--|--|--|
| Check one: | | | | | | |
| Banner | Sign | Special Event | | | | |

| atic | Applicant's Name: | Phone: | | | | | | | |
|------------------------|--|---|--|----------|-----------|----------|--|--|--|
| Applican Informatic | Applicant's Address: Email: | | | | | | | | |
| | Type of Event: | | | | | | | | |
| cial | Event Name: | | | | | | | | |
| Special Event | Event Date (include start and end date): | | | | | | | | |
| | Location Address | Start/En | | Material | Size (sf) | Quantity | | | |
| | | | | | | _ | | | |
| | | | | | | | | | |
| on | | | | | | | | | |
| ipti | | | | | - | | | | |
| SCI | | | | | | | | | |
| n De | | 9 | | | | | | | |
| Sign Description | | | | | | | | | |
| */ | | | | | | | | | |
| | | | | | | | | | |
| | . Total | | | | | | | | |
| | Property Owner/Agents' permission to install and maintain signs? 🗆 Yes 🕒 No | | | | | | | | |
| tor | Will contractor install sign? ☐ Yes ☐ No Occupational Tax Certificate #: | | | | | | | | |
| trac | Company Name: | | | | | | | | |
| Contractor | Contact Name: | | | | | | | | |
| Sign (| Address: | | | | | | | | |
| (V) | Phone: | Fax: Email: | | | | | | | |
| Signature | requirements of the City of Stonecrest Zoning including the forfeiture of the sign deposit conclusion of the event. If any informaticy invalid. I agree to indemnify and hold the cite | reby certify that all information provided herein is true and correct and I acknowledge compliance with all irements of the City of Stonecrest Zoning and Sign Ordinance and/or the provisions regarding Special Events, ading the forfeiture of the sign deposit if an accurate affidavit is not submitted within seven (7) days of the clusion of the event. If any information is found to be false or misrepresented, the permit will be deemed lid. I agree to indemnify and hold the city harmless from all damages, demands or expenses of every character th may in any manner be caused by the sign(s) or sign structure(s). | | | | | | | |
| | Applicant's Name: | | | | | | | | |
| | Applicant's Signature: | | | | Date: | | | | |
| ff | Staff Only | | | | | | | | |
| Staff | Received by: | Decision: | | | Date: | | | | |
| | Permit Number: Permit Issued Date: | | | | : | | | | |